

EXAMPLE II.19

**STATEMENT LETTER OF
SIGNATURE SPECIMEN VALIDITY**

No. ...¹

STATEMENT LETTER

The undersigned:

1. Name :²
Position :³
Address :⁴
2. Name :
Position :
Address :
3. Etc.

acting in their position above to represent ...⁵ under ...⁶, and therefore, acting for and on behalf of and lawfully represent⁷ with account number ...⁸ with participant code⁹, hereby declare that signature specimen in the name of:

1. Name :¹⁰

¹ Filled in with statement letter number.

² Filled in with the name according to the identity of Management or competent Management proxy.

³ Filled in with the position of Management or competent Management proxy.

⁴ Filled in with the address according to the identity of Management or competent Management proxy.

⁵ Filled in with Participant name.

⁶ Filled in according to Participant's legal form.

For Bank and non-Bank of limited liability company, it is filled in as follows:

(Articles of Association number specified in Deed dated as last amended by Deed dated).

For BPD in a form other than limited liability company, it is filled in as follows:

(Governor's Decision number dated and under Article Regional Regulation Number dated promulgated in Regional Gazette as last amended by Regional Regulation Number dated promulgated in Regional Gazette).

⁷ Filled in with Participant's name.

⁸ Filled in with Participant's account number.

⁹ Filled in with participant code.

Position :¹¹

Address :¹²

2. Name :

Position :

Address :

3. Etc.

mentioned in Management authority notice number ...¹³ dated ...¹⁴ and/or power of attorney number ...¹⁵ dated ...¹⁶ administered at (KPBI/KPwDN...¹⁷)¹⁸, we hereby declare to remain valid.

The statement we make herein is true.

(City), (Date) (Month) (Year)

(Institution's Name)

Statement made by,

Duty stamp, Rp6,000.00

Signature and institution's stamp

(Representative Official Name)

(Position)

¹⁰ Filled in with the the name according to the identity of Management or competent Management proxy, whose signature specimen remains valid.

¹¹ Filled in with the position of Management or competent Management proxy, whose signature specimen remains valid.

¹² Filled in with the address according to the identity of Management or competent Management proxy, whose signature specimen remains valid.

¹³ Filled in with the number of new Management authority notice.

¹⁴ Filled in with the date of new Management authority notice.

¹⁵ Filled in with power of attorney number.

¹⁶ Filled in with power of attorney date.

¹⁷ Filled in with the name of DRO.

¹⁸ Select one and statement letter is prepared each BIRO or DRO area.

